

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L95000000531**

1. Entry Name  
**BRIGHT HOLDING COMPANY, L.C.**



Principal Place of Business  
**1353 PALMETTO AVENUE  
STE 250  
WINTER PARK, FL 32789**

Mailing Address  
**P.O. BOX 1742  
WINTER PARK, FL 32790**



04292004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3326141**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GRAHAM, ROBERT C  
1353 PALMETTO AVENUE, STE 250  
WINTER PARK, FL 32789**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:

SIGNATURE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE  
**000000156993**

**Filing Fee is \$50.00  
Due by May 1, 2004**

**05/05/04-80092-010 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: **MGR**  
NAME: **GRAHAM, ROBERT C**  
STREET ADDRESS: **1353 PALMETTO AVENUE, STE 250**  
CITY-STATE-ZIP: **WINTER PARK, FL 32789**

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert Craig Graham **ROBERT CRAIG GRAHAM** 4/29/04 407-644-6006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #